FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. WEGNER FOR CONGRESS 8221 TURSI LODGE CT ADDRESS (number and street) (Check if address is changed) LAS VEGAS 89131 NV CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kennethawegner@gmail.com (Check if address X is changed) Optional Second E-Mail Address layne@rlklegal.com COMMITTEE'S WEB PAGE ADDRESS (URL) wegner4congress.com (Check if address is changed) DATE 2018 C00671255 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Rushforth, Layne, T.,, Type or Print Name of Treasurer Rushforth, Layne, T.,, [Electronically Filed] 05 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

		. (D.). (D.).	
		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE c Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.))
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Nam Cand	e of didate	WEGNER, KENNETH, A, ,	
	didate y Affiliati	on REP Office Sought: * House Senate President	State NV District 04
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a:
		Corporation W/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name	r ago o
WEGNER FOR CONGRESS	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	o PAC Sponsor
NONE	·
Mailing Address	
CITY STATE ZI	P CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in posses books and records. 	ession of committee
Rushforth, Layne, T., ,	1
1707 Village Center Circle	
Mailing Address Suite 150	
LAS VEGAS NV 89134	
Title or Position CITY STATE ZI	P CODE
TREASURER Telephone number 702 - 21	9 3541
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).	e and address of
Full Name Rushforth, Layne, T., ,	1
of Treasurer	
Mailing Address Suite 150	
LAS VEGAS CITY STATE ZII	P CODE
Title or Position TREASURER Telephone number Telephone number	

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Full Name of Designated	PERRY, CRAIG, K, ,	
Agent		
Mailing Address	8010 W SAHARA AVE	
	SUITE 260	
	LAS VEGAS , NV , 89117	1 1
		710 0005
Title or Position	CITY STATE	ZIP CODE
	702	228 - 4777
Danka ar Otha	Panagitarias, List all banks or other depositaries in which the committee deposits funds, hall	
safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, holooxes or maintains funds. Depository, etc.	ds accounts, rents
safety deposit b	Depository, etc.	ds accounts, rents
safety deposit b	Depository, etc. WELLS FARGO	ds accounts, rents
safety deposit b	Depository, etc. WELLS FARGO 16585 N DECATUR BLVD	ds accounts, rents
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safety deposit b Name of Bank, Mailing Address	Depository, etc. WELLS FARGO 6585 N DECATUR BLVD LAS VEGAS NV 89131 CITY STATE	
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